

APPLICATION-Subsurface Sewage Disposal, Page 1



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Idaho Public Health Districts

Permit Fee: <u>860.00</u>	Date: <u>9/30/15</u>
Document #: <u>15-11-131935</u>	
Receipt #: <u>34433</u>	(Official Use Only)

Parcel #: RPL61N02E061816A Acres: 5.00

Property Address (If available): NNA Parker Canyon Rd. City: BF
 Legal Description: Township 01N Range 02E Section 06 County Bounding
 Subdivision: _____ Lot _____ Block _____
 Directions (nearest crossroad): At the "Y" in Cow Creek Rd + Parker Canyon Rd. North side of Parker Canyon Rd.

Applicants Name: Jesse Stafford Email: TYKESMURF@GMAIL.COM
 Mailing Address: PO Box 1941 Phone #: 541-643-5881
 City: BF State: ID Zip Code: 83805
 Applicant is: ☒ Landowner ☐ Contractor ☐ Installer ☐ Other

Owners Name: SAME
 Mailing Address: _____ Phone #: _____
 City: _____ State: _____ Zip Code: _____

Type of Septic Installation: ☒ New ☐ Expansion ☐ Repair ☐ Tank Only
 Proposed Usage: ☒ Residential ☐ Non-Residential ☐ Other (i.e. barn, shop, etc.)
☐ Central (more than two dwellings) ☐ Large Soil Absorption (2,500 gal/day or ten or more dwellings) # of Units: _____

Is there an existing structure on this parcel? ☐ Yes ☒ No Year Built: _____

Number of Bedrooms: (residential only) 4 Number of bathrooms: 3
 Number of People: 5 Square Footage: 2500 Garbage Disposal? ☒ Yes ☐ No
 Non-Residential Flow Design: Average: (gallons per day (gpd)) _____ Peak: (gpd) _____

Foundation Type: ☐ Basement ☐ Crawl Space ☐ Split Level ☐ Slab
 Property is located: ☐ Inside City ☒ Inside County
 Zoning certificate or other county documentation submitted? ☐ Yes ☐ No ☒ N/A
 City sewer or central wastewater collection system 200 feet or less to structure? ☐ Yes ☐ No
 Water Supply: ☐ Private Well ☐ Shared Well ☐ Public Water System, Number: _____
N/A - Cistern. (Non-Public)

SIGNATURE: _____ DATE: 9/28/15

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I accept the responsibility to notify the Health District of any changes to the above information if performed prior to completion of the permitted system. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation. I understand that this application and the subsequent permit is non-transferable between property owners and/or project sites. I understand that the application will expire one (1) year from date of purchase. The permit, when issued, may be renewed if the renewal is applied for on or before the expiration date.

(10/7/15-)



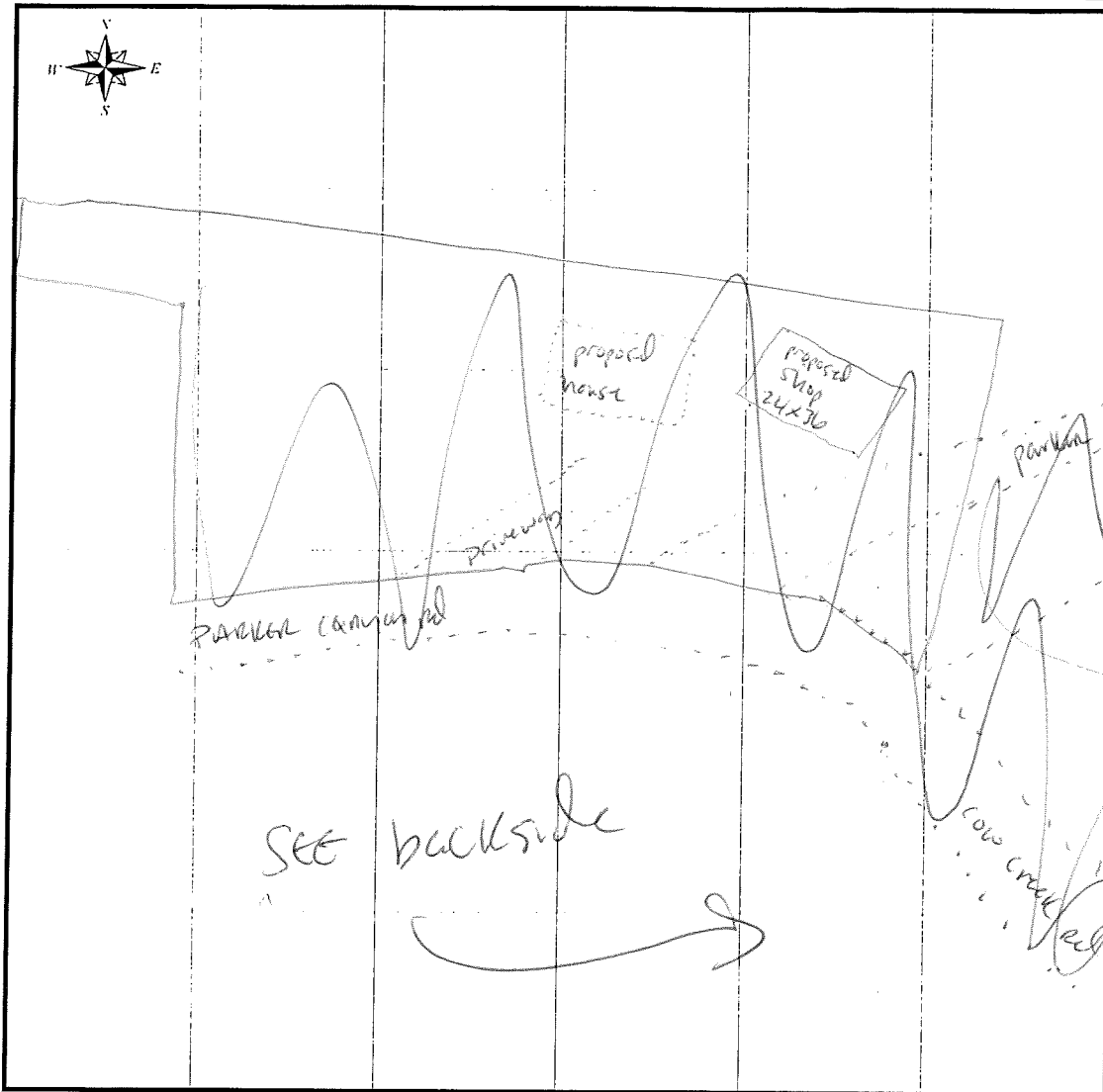
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Please draw an aerial view of the property showing the outline of buildings, property lines, well location(s), water lines, location of septic tank and drainfields, location of drainfield replacement area, ditches and streams, easements and right of ways, driveway and parking area, cut banks, and location of street or road. Indicate dimensions and separation distances of each from septic tank and drainfield.

PLOT PLAN

SCALE: 1" = _____'



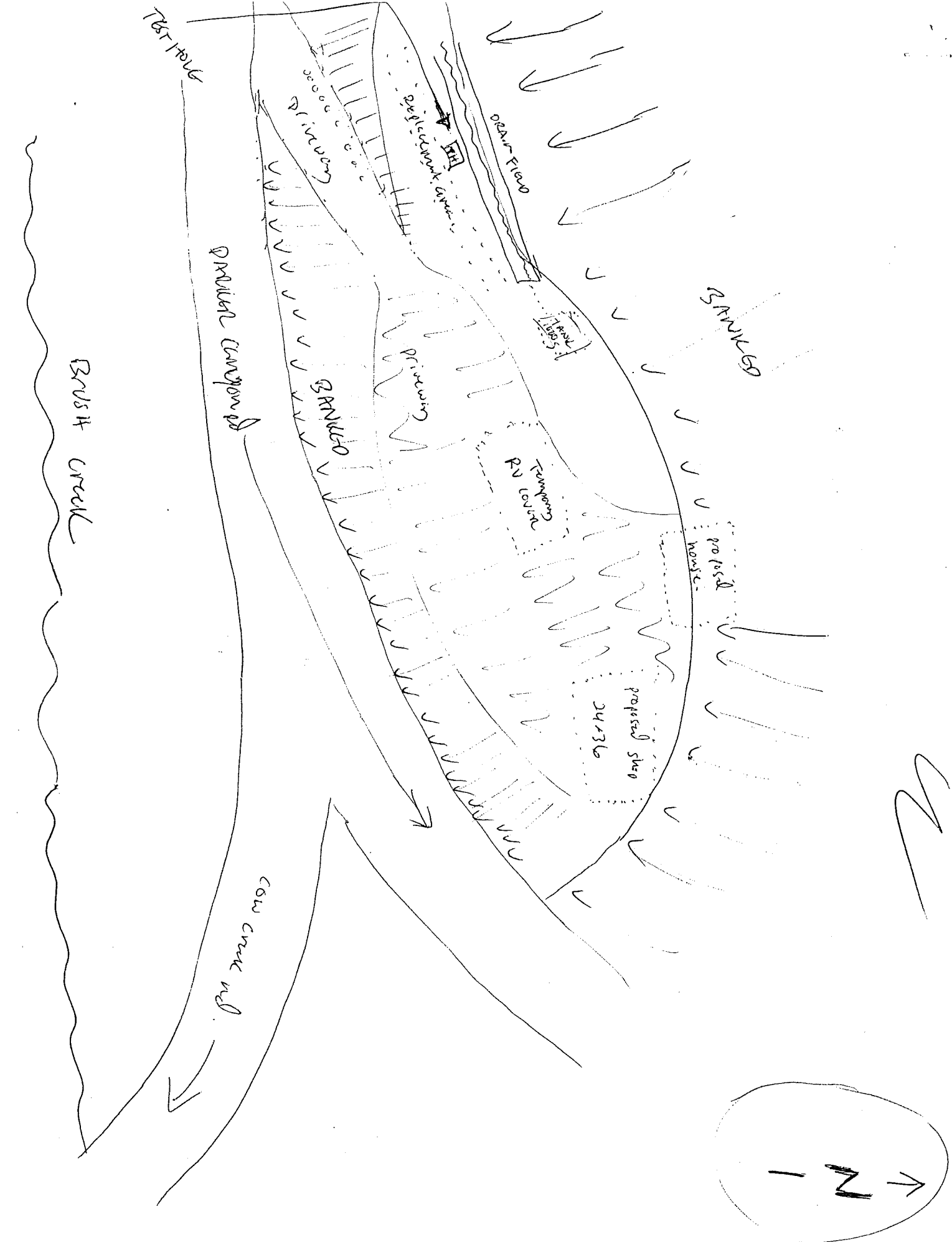
SIGNATURE: _____

DATE: 11/1/15

By my signature above, I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should evaluation disclose untruthful or misleading answers, my application may be rejected or my permit canceled. I understand that any deviation from the plans, conditions, and specifications, is prohibited unless it is approved in advance by the Director or his designee. I hereby authorize the Health District to have access to this property for the purpose of conducting a site-evaluation.

(Official Use Only)

Plot Plan Approval Date: _____ EHS Name: _____ EHS #: _____
Revision Date: 06/22/2010





Panhandle Health District I

7402 CARIBOU- BONNERS FERRY, ID 83805- (208) 267-5558

SEPTIC PROGRAM RECEIPT

Owner:

Applicant:

JESSE STAFFORD
PO BOX 1941
BONNERS FERRY, ID 83805

JESSE STAFFORD
PO BOX 1941
BONNERS FERRY, ID 83805

Permit Number: 15-11-131935

Parcel Number: RP62N02E061816A

Receipt Number: 34433

Check Number: 249

Date	Service(s)	Charges	Payments
10/01/15	Septic Permit Application Fee	860.00	
			-860.00

Comment: Paid for by Alyssa Craft